3/26/2013

31051407

M 0 Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Joseph M-Laughlin, Treasurer

## 15051051408

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

FORM 1	ORGANIZATION	2219 APR - Longe Mar 9:120			
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12 FEAMFAIL CENTER			
NOTE THEM	0,U,T, 12,0,1,4,				
ADDRESS (number and street) [1]3 5 9 6   C A 5 T L E B R I DG E   L N -					
(Check if address is changed)					
	WID D. D. B. R. I. D. G. E	V A   2 2 1 4 3 -			
COMMITTEE'S E-MAIL ADDRI	ESS				
(Check if address is changed)	WOITETHEMOUT BIGMAIL	C <sub>1</sub> O <sub>1</sub> M <sub>1</sub> , , , , , , , , , , , , , , , , , , ,			
	Optional Second E-Mail Address				
(Check if address is changed)	[VIDITIEITIHIEIMOIVITI-ICIOIMI				
2. DATE 0,3 25 20 13					
3. FEC IDENTIFICATION N	IUMBER >				
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer Joseph M'Laughlin					
Signature of Treasurer	fre All	Date 03'25'2013			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only	For further information Federal Election Commi Toll Free 800-424-9530	ECL EURIVI I			

5.			OMMITTEE  Committee:					
Candidate Committee:  (a) This committee is a principal campaign committee. (Complete the candidate information below.)								
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate			######################################					
	Candi Party	idate Affiliatio	Office State Senate President District					
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi	_						
	Part	y Com	mittee:					
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
	Polit	ical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a					
			Corporation Wo Capital Stock Labor Organization					
			Membership Organization Trade Association Cooperative					
			In addition, this committee is a Lobbyist/Registraot PAC.					
	<b>(f)</b>		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
			In addition, this committee is a Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint	t Fund	raising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a fadoral candidate.					
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser								
		1.	FEC ID number C					
		2.						
		3.						
	•	4.	FEC ID number					

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Write or Type Committee Nam		i age 🗸
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representat	live, or Leadership PAC Sponsor
NONELLI		1111111111
Mailing Address		<u> </u>
		J
	CITY STATE	E ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponso
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	entify by name, address (phone number optional) and position of the	ne person in possession of committee
Full Name	EPH MCLAUGHLIN	
Mailing Address	11,3,5,9,6, CASTLEBRIDGE, LIN.	
	Liliani	111111111
	WDODBRIDGE WA	1 22193-
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	703-2611-91112
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the commi assistant treasurer).	ttee; and the name and address of
Full Name of Treasurer	EPH MCLAUGHLIN	
Mailing Address	13596 CASTLEBRIDGE LIN	
	1	
	WODDBRIDGE STATE	212193-L
Title or Position	Telephone number	17031-12611-1911112

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Full Name of Designated Agent	) <sub>N</sub> E	
Mailing Address	CITY	STATE ZIP CODE
Title or Position	Telephone	number
Banks or Other Deposafety deposit boxes of Name of Bank, Depos		mmittee deposits funds, holds accounts, rents
Mailing Address		
	CITY	STATE ZIP CODE
Name of Bank, Depos	itory, etc.	
Mailing Address		
	CITY	STATE ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO	MING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked 4/16/12 9V
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next B	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	e of Receipt or Postmarked
M	4/1/13
PREPARER	DATE PREPARED

(3/2005)